

**Completion Report**  
Local Government Projects  
Governor's Office for Local Development

Funding Program/HB#: \_\_\_\_\_

Project ID #: \_\_\_\_\_

Check one of the following:

☐ Local Government Economic Development Fund (LGEDF) Coal Severance Grant

☐ Line-item Project

☐ Renaissance

☐ Cemetery

☐ Body Armor

☐ Area Development Fund (ADF)

☐ Other

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**Project Information**

Project Title: \_\_\_\_\_

Project Allocation: \$ \_\_\_\_\_

Total Actual Funds Received: \$ \_\_\_\_\_ Total Actual Funds Expended: \$ \_\_\_\_\_

County: \_\_\_\_\_ ADD: \_\_\_\_\_

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

☐ Water WX#: \_\_\_\_\_ ☐ Sewer SX#: \_\_\_\_\_

Has final draw been made? ☐ Yes ☐ No

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## Grantee Information

Legal Applicant / Funding Recipient (entity that will execute MOA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Official's Name/Title: \_\_\_\_\_ County \_\_\_\_\_

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## Sub-Recipient Information (If different from Grantee)

Sub-recipient (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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## Close-Out Narrative

Provide a narrative of how the project was completed (REQUIRED).

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## Completion Report

Date of Project Completion: \_\_\_\_\_

Were any designated funds left over? (check one) ☐ yes ☐ no

If yes, please list dollar amount: \$ \_\_\_\_\_

Explain why (REQUIRED):

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Any remaining funds must be returned to the Governor's Office for Local Development by check payable to the Kentucky State Treasurer.

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### Checklist

Make sure to complete all relevant forms and mail to the Governor's Office for Local Development.

☐ Attachment A-Financial Report

☐ Attachment C-ADF Project Only

☐ Attachment B-Real Property

☐ Other financial reports, invoices and relevant documentation

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### Signatures

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds have been expended or returned to the Commonwealth of Kentucky and that every statement and amount set forth in this instrument is true and correct as of this date.

Name and Title of Chief Executive Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Third Party Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR GOLD USE ONLY:** This completion report is hereby approved. The MOA and all supporting documents required are received. All records for this project are required to be maintained for three (3) years from the date of completion.

GOLD Staff Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

GOLD Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_



## Attachment A: Financial Report

Please list all financial transactions of project (group like items together). Note: All attached forms are final pending completion and receipt of this financial report.

Payable	Amount	Purpose (equipment, supplies, etc.)

### Signature

Check below and sign to certify attachment of all final close-out documents (e.g. inspections, certification of occupancy, copies of information, permits, invoices, receipts, etc.)

☐ All copies of final close out documents are attached.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Attachment B: Real Property Acquisition**  
Local Government Projects Completion Report  
Governor's Office for Local Development

**Property Acquisition**

Did this project involve the acquisition of real property? (check one)    ☐ yes    ☐ no

If yes, a copy of the deed transferring title must be attached to the back of this form if not already on file at GOLD.

Please check to certify that a copy of the deed transferring title of any real property acquisition is attached:

☐ Copy of deed is attached.

☐ Copy of property survey, meets and bounds, etc. is attached.

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**Attachment C: ADF Projects Only**  
**Local Government Projects Completion Report**  
**Governor's Office for Local Development**

Please check the box or boxes that apply.

☐

This project was advertised and bids were awarded prior to approval of Area Development Funds. Complete bid documents were submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

☐

This project was advertised and bids were awarded after approval of Area Development Funds. Complete bid documents were submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

☐

This project was advertised for bids and awarded after approval of Area Development Funds. Complete bid documents are attached and made part of this report.

☐

This project involved purchases of less than \$20,000, thus bid advertisement was not required. All invoices paid in whole or in part with Area Development are attached to and made a part of this report.

☐

This project involved purchases of less than \$20,000, thus bid advertisement was not required. Purchases were made prior to approval of Area Development Funds and invoices were submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

☐

This project involved acquisition of real property and a copy of the deed transferring title to the beneficiary agency is attached to and made part of this report.

☐

This project involved acquisition of real property and a copy of the deed transferring title to the beneficiary agency was submitted to the Governor's Office for Local Development.

(Date): \_\_\_\_\_

Office of State Grants ▪ Governor's Office for Local Development  
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Phone: 502-573-2382 ▪ Toll Free: 800-346-5606 ▪ Fax: 502-573-0175 ▪ [www.gold.ky.gov](http://www.gold.ky.gov)

